

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		7/6/00
O.I.P.E. CLASSIFIER			7-1-00
FORMALITY REVIEW	<i>W. M.</i>	71628	8-18-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		9/18/02	
2		3/18/02	
3		11/4/02	
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Claim	Final	Original	Date
51		4/18/02	
52		2/3/02	
53		11/1/02	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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